

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility documentation review, and interview, the facility failed to respond timely to a grievance for one resident (#9) of thirty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #9 was admitted to the facility on May 23, 2012, with diagnoses including Dementia, Anxiety, Depression, and Diabetes Mellitus.</p> <p>Medical record review of the quarterly Minimum Data Set (MDS) dated October 9, 2012, revealed the resident was cognitively intact for daily decision making.</p> <p>Interview with the resident on November 26, 2012, at 4:00 p.m., in the resident's room, revealed the resident had received a purse and wallet for the resident's birthday. Continued interview at this time confirmed the purse and wallet were missing. The Director of Social Service was made aware and failed to respond to the grievance.</p> <p>Interview with the resident's daughter on November 28, 2012, at 3:00 p.m., in the resident's room, revealed the Social Worker was</p>	F 166	<p>The Social Services Director completed a Concern & Comment form related to the missing item discussed in Resident #9 care plan meeting by the daughter on 11/27/12. The Social Service Director then contacted resident's other daughter, which purchased the item, on 11/27/12 and obtained a detailed description of the missing item & the item's worth. The Social Service Director notified facility staff of missing item on 11/27/12. Social Service Director replaced missing item on 11/28/12.</p> <p>The Director of Nursing reviewed the 24 hour reports for previous 90 days to determine if any missing items that have been reported and the follow up for each from 11/27/12 - 12/14/12. The Social Service Director reviewed the last 90 days of care plan meeting notes to determine any missing items that have been reported and the appropriate follow up for each from 11/27/12 - 12/14/12. No other residents were found to be affected.</p> <p>Licensed Nurses, Nursing Assistants, Dietary, Housekeeping, Laundry, Activities, and Social Services were in-serviced on the Concern and Concern program by the Director of Nursing from 11/27/12 - 12/14/12.</p>	12/14/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jonathan Cannon Administrator 12-17-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 166	Continued From page 1 made aware during a care plan meeting the purse and wallet were missing. Interview with the Director of Social Service on November 28, 2012, at 3:50 p.m., at the Station Two Nurse's Station, confirmed the facility failed to formally document the resident's concern, after a care plan meeting, and failed to respond to the grievance in a timely manner.	F 166	Comment and Concern program education will be added to facility orientation by the Director of Nursing ongoing. The Social Service Director and/or Director of Nursing will review 100% of items reported missing to ensure follow up is completed timely daily X 1 week, weekly X 3 weeks, and then monthly X 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and the Activities Director.		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to develop a		F279 The care plan for Resident #5 was updated by MDS Nurse to reflect anti- psychotic use, interventions, monitoring, and potential side effects on 11/30/12. The Director of Nursing assessed Resident #5 on 11/30/12. No adverse outcomes identified.	12/14/12	

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F 279	<p>Continued From page 2</p> <p>comprehensive care plan to reflect use of an anti-psychotic for one resident (#5) of thirty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on July 6, 1993, with diagnoses including Dementia, Ataxia (failure of muscular coordination), Psychosis, and Gastrointestinal Bleed.</p> <p>Medical record review of the Quarterly Minimum Data Set dated October 5, 2012, revealed the resident had long and short term memory problems; severely impaired cognition; no mood or behavior symptoms; active diagnosis of Psychotic Disorder; and had received an anti-psychotic for seven of the last seven days.</p> <p>Medical record review of the Physician's Orders and Medication Administration Records revealed the resident had received Haldol (anti-psychotic) 2.5 milligrams every evening for agitation since April 5, 2011.</p> <p>Medical record review of the Behavior Forms for May through November 2012, revealed the forms were printed with anti-psychotic side effects, but the forms were blank and had not been completed by staff to indicate the behavior symptoms to monitor, interventions, or side effects monitored.</p> <p>Medical record review of the Care Plan dated October 8, 2012, revealed, "...administer Haldol per M.D. (physician) orders..." Further review of the care plan revealed no specific interventions, monitoring, or side effects for Haldol was care</p>	F 279	<p>Current care plans were reviewed by the Director of Nursing on 11/30/12 - 12/14/12 to ensure residents using anti-psychotics care plans reflect usage, interventions, monitoring, and potential side effects. No other residents were found to be affected.</p> <p>Licensed Nurses were in-serviced by the Director of Nursing on updating care plans related to anti-psychotic usage, interventions, monitoring, and potential side effects on 11/30/12 - 12/14/12. Updating care plans with antipsychotic usage will be added to nursing orientation by the Director of Nursing ongoing.</p> <p>The Director of Nursing will review 100% of care plans of resident on anti-psychotics weekly X 4 weeks, then monthly X 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and the Activities Director.</p>	

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F 279	Continued From page 3 planned. Observations on November 27, 2012, at 4:20 p.m., November 28, 2012, at 7:45 a.m., 10:15 a.m., and 1:30 p.m., and on November 29, 2012, at 8:35 a.m., revealed the resident was in bed, sleeping with covers over head or restless, fidgeting and speaking nonsensical language. Interview with the Director of Nursing on November 29, 2012, at 9:40 a.m., in the conference room, confirmed anti-psychotics were to be care planned to include side effects and the care plan was not comprehensive to reflect side effects and interventions related to administration of anti-psychotics.	F 279			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility documentation, interview, and observation, the facility failed to follow physician's order's for one resident (#9) of thirty-two residents reviewed and failed to complete behavior monitoring for use of an anti-psychotic for one resident (#5) of ten residents reviewed for unnecessary medications. The findings included: Resident #9 was admitted to the facility on May 23, 2012, with diagnoses including Dementia, Anxiety, Depression, and Diabetes Mellitus.	F 281	Resident #9 MD and responsible party were notified by the Director of Nursing on 11/28/12 that C&S had not been completed as ordered. MD had no new orders at this time. The Director of Nursing assessed Resident #9. No adverse outcomes identified. Resident #5 was assessed by the Director of Nursing on 12/29/12. Resident #5 behavior monitoring form was updated to reflect current behavior by the Director of Nursing on 12/29/12.		12/14/12

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F 281	<p>Continued From page 4</p> <p>Medical record review of a Physician's order dated November 19, 2012, revealed "...Cath UA (urinalysis) C&S (culture and sensitivity)..."</p> <p>Medical record review of a laboratory result dated November 19, 2012, revealed "...await C&S..."</p> <p>Review of facility documentation on November 28, 2012, revealed no C&S had been performed by the laboratory.</p> <p>Interview with the Director of Nursing (DON) on November 28, 2012, at 1:55 p.m., in the DON office, confirmed the facility failed to follow a physician's order for a C&S for resident #9.</p> <p>Resident #5 was admitted to the facility on July 6, 1993, with diagnoses including Dementia, Ataxia (failure of muscular coordination), Psychosis, and Gastrointestinal Bleed.</p> <p>Medical record review of the Quarterly Minimum Data Set dated October 5, 2012, revealed the resident had long and short term memory problems; severely impaired cognition; no mood or behavior symptoms; active diagnosis of Psychotic Disorder; and had received an anti-psychotic for seven of the last seven days.</p> <p>Medical record review of the Physician's Orders and Medication Administration Records (MAR) revealed the resident had received Haldol (anti-psychotic) 2.5 milligrams every evening for agitation since April 5, 2011.</p> <p>Medical record review revealed Behavior Forms</p>	F 281	<p>The Director of Nursing reviewed residents with orders for C&S for last 30 days. All other C&S were determined to have been completed as ordered.</p> <p>The Director of Nursing reviewed behavior monitoring forms for current residents and updated as appropriate on 12/12/12. No other residents were found to be affected.</p> <p>Licensed Nurses were in-serviced by the Director of Nursing on following up on C&S when ordered on 11/28/12 - 12/14/12. C&S follow up will be added to licensed nurse orientation by the Director of Nursing ongoing.</p> <p>Licensed Nurses were in-serviced by Director of Nursing on completing behavior monitoring forms on 11/28/12 - 12/14/2012. Behavior Monitoring Forms will be added to licensed nurse orientation by the Director of Nursing ongoing.</p> <p>The Director of Nursing and/or Nursing Supervisor will review telephone orders & 24 hour report to identify residents with C&S and 100% of residents with C&S ordered to ensure C&S is completed as ordered weekly X 4 weeks, then monthly X 2 months and/or 100% compliance.</p>	

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F 281	Continued From page 5 were present with the MARs for May through November 2012, and were printed with behavior symptoms, interventions, side effects, number of episodes, and outcomes to be monitored. Further review of the Behavior Forms revealed all the forms were blank and had not been completed by staff. Observations on November 27, 2012, at 4:20 p.m., November 28, 2012, at 7:45 a.m., 10:15 a.m., and 1:30 p.m., and on November 29, 2012, at 8:35 a.m., revealed the resident was in bed, sleeping with covers over head or restless, fidgeting and speaking nonsensical language. Interview with the Director of Nursing on November 29, 2012, at 9:40 a.m., in the conference room, confirmed staff were to complete the Behavior Forms daily and the forms had not been completed.	F 281	The Director of Nursing and/or Nursing Supervisor will review 100% of behavior monitoring forms weekly X 4 weeks, then monthly X 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and the Activities Director.		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, review of Material Safety Data Sheet, and interview, the facility failed to ensure that the resident environment remained free of accident hazards.	F 323	The beauty shop was secured and locked by Director of Nursing on 11/26/12. Beautician & LPN #1 were in- served on 11/26/2012 by the Director of Nursing on keeping the beauty shop door locked when unattended. Current residents have potential to be affected. No other residents were identified as having been affected.	12/14/12	

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F 323	Continued From page 6 The findings included: Observation on November 26, 2012, at 10:40 a.m., in the Beauty Shop, revealed the door unlocked, a curling iron on the sink plugged in, hot to touch, and a 64 ounce bottle of barbicide (disinfectant solution) labeled keep out of reach of children. Observation and interview on November 26, 2012, at 10:43 a.m., in the Beauty Shop, with Licensed Practical Nurse (LPN) #1 confirmed the curling iron was hot and the barbicide was not in a locked cabinet. Continued observation revealed LPN #1 exited the Beauty Shop, walked down the hall, and failed to lock the Beauty Shop door. Review of Material Safety Data Sheet (MSDS) for Barbicide revealed "...Health Hazards: Irritating to skin and eyes...Storage: Keep out of reach of children..." Observation and Interview on November 26, 2012, at 10:48 a.m., in the Beauty Shop, with the Director of Nursing (DON) confirmed the curling iron was hot, the barbicide was not in a locked cabinet and the Beauty Shop door should be locked.	F 323	Licensed Nurses and Nursing Assistants were in-serviced by the Director of Nursing on ensuring beauty shop door is locked when unattended by on 11/26/12 - 12/14/12. Ensuring beauty shop door is locked when unattended will be added to licensed nursing and nursing assistant orientation by the Director of Nursing ongoing. Director of Nursing and/or Nursing Supervisor will observe the beauty shop door to ensure it is locked when unattended five times per week X 4 weeks, then monthly X 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and the Activities Director.	
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose	F 329		

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F 329	<p>Continued From page 7</p> <p>should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to ensure unnecessary medications were not administered for one resident (#48) of ten sampled residents of thirty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #48 was admitted to the facility on January 10, 2012, and readmitted on August 21, 2012, with diagnoses including Status Post Left Groin Debridement, Stage Two Pressure Ulcer, and Peripheral Vascular Disease.</p> <p>Medical record review of a physician's telephone order dated October 23, 2012, revealed "...UA (urinalysis)...C&S (culture and sensitivity)...cath..."</p>	F 329	<p>F329</p> <p>Resident #48 MD and responsible party were notified on 10/31/12 per lab results that organism was not resistant to antibiotic and antibiotic was changed. Resident #48 was assessed by the Director of Nursing on 11/26/12. No adverse outcomes identified.</p> <p>The Director of Nursing reviewed current residents on antibiotics to ensure organisms are not resistant to antibiotic prescribed on 11/26/12 - 12/14/12. No other residents found to be affected.</p> <p>Licensed Nurses were in-serviced by Director of Nursing on ensuring residents are placed on appropriate antibiotics based on C&S results on 11/26/12 - 12/14/12. Antibiotic Resistance will be added to licensed nurse orientation by the Director of Nursing by ongoing.</p> <p>Director of Nursing and/or Nursing Supervisor review 100% of C&S to ensure appropriate antibiotics are prescribed weekly X 4 weeks, then monthly X 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance</p>	12/14/12

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F 329	<p>Continued From page 8</p> <p>Medical record review of a physician's telephone order dated October 25, 2012, revealed "...Macrobid (antibiotic) 100 mg (milligram) po (per mouth) BID (twice daily) x (times) 10 d (days)..."</p> <p>Medical record review of the final culture report dated October 25, 2012, revealed the organism Enterobacter Aerogenes had been identified and was not sensitive to Macrobid.</p> <p>Medical record review of a physician's telephone order dated October 31, 2012, revealed "...Cipro (antibiotic) 250 mg po q 12 hours x 3 days...C&S received resistant to Macrobid..."</p> <p>Interview with the Director of Nursing (DON) on November 28, 2012, at 10:08 a.m., in the station two nurse's station, confirmed the organism was not sensitive to Macrobid, the facility failed to notify the physician, and the resident received thirteen doses of Macrobid an unnecessary medication.</p>	F 329	<p>Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Minimum Data Set Coordinator, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and the Activities Director.</p>		